

The National Child Traumatic Stress Network: Creating a National Resource to Address the Problem of Child Traumatic Stress

Judith Holland, MPH
National Center Liaison
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UCLA-Duke University National Center for
Child Traumatic Stress
Duke University School of Medicine



Range of Traumatic Events

- Trauma embedded in the fabric of daily life
 - Child abuse and maltreatment
 - Domestic violence
 - Community violence and criminal victimization
 - Sexual assault
 - Medical trauma
 - Traumatic grief
 - Accidents/fires

Range of Traumatic Events

- Humanitarian crises
 - Natural and man-made disasters
 - Earthquakes
 - Floods, mudslides
 - Hurricanes
 - Tornadoes
 - Volcanic eruptions
 - Major transportation accidents
 - Industrial accidents
 - Technological disasters
 - Catastrophes of human origin
 - Armed conflicts/wars
 - Genocide/torture
 - Terrorist attacks

Epidemiology: Child Trauma Exposure in General Population

- Sexual assault (8%), physical assault (17%), witness violence (39%) in national representative sample 12-17 yr youth (lifetime)

-Kilpatrick, Saunders & Resick, 1998

- 25% experienced \geq one traumatic event by age 16, (6% last 3 months) in general population of children (9-16 yr) in western NC

-Costello, Erkanli, Fairbank & Angold, 2002

School Children's Exposure to Violence

- Elementary & middle school children in inner-city (n=500)
 - 30% witnessed stabbing
 - 26% witnessed shooting

-Bell & Jenkins, 1993

- Urban middle school students (n=2248)
 - 41% reported witness stabbing or shooting in past year

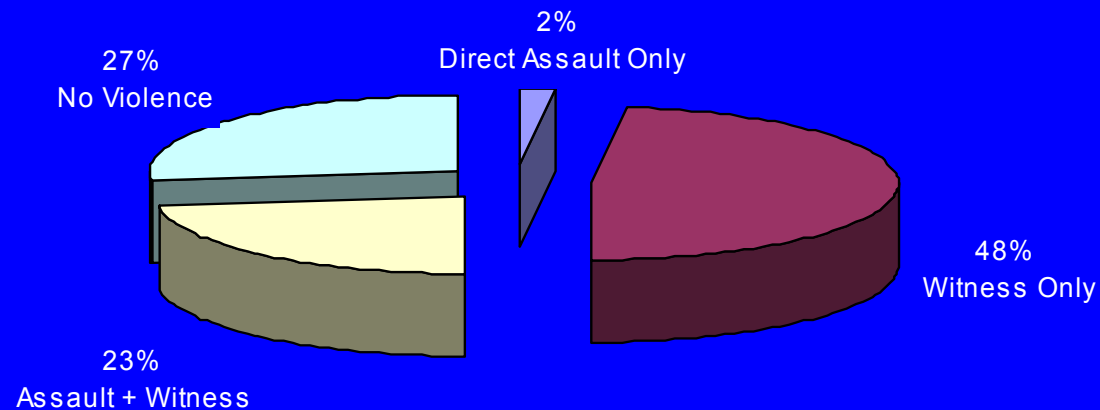
-Schwab-Stone et al., 1995

- High School students (n=3735) in 6 schools in 2 states in last year:

- Boys: 3%-33% reported shot or shot at, 6% -16% attacked w/ knife.
- Girls: ↓ reported rates of victimization; ↑ rates for sexual abuse or assault

-Singer et al., 1995

National Survey of Adolescents Prevalence of Violence History (N=1,245) Kilpatrick et. al., 1995



TRAUMATIC EXPECTATIONS

BY THEIR VERY NATURE & DEGREE OF PERSONAL
IMPACT, VIOLENT EXPERIENCES SKEW
EXPECTATIONS ABOUT THE WORLD, THE SAFETY &
SECURITY OF INTERPERSONAL LIFE & ONE'S SENSE
OF PERSONAL INTEGRITY.

Pynoos, 02

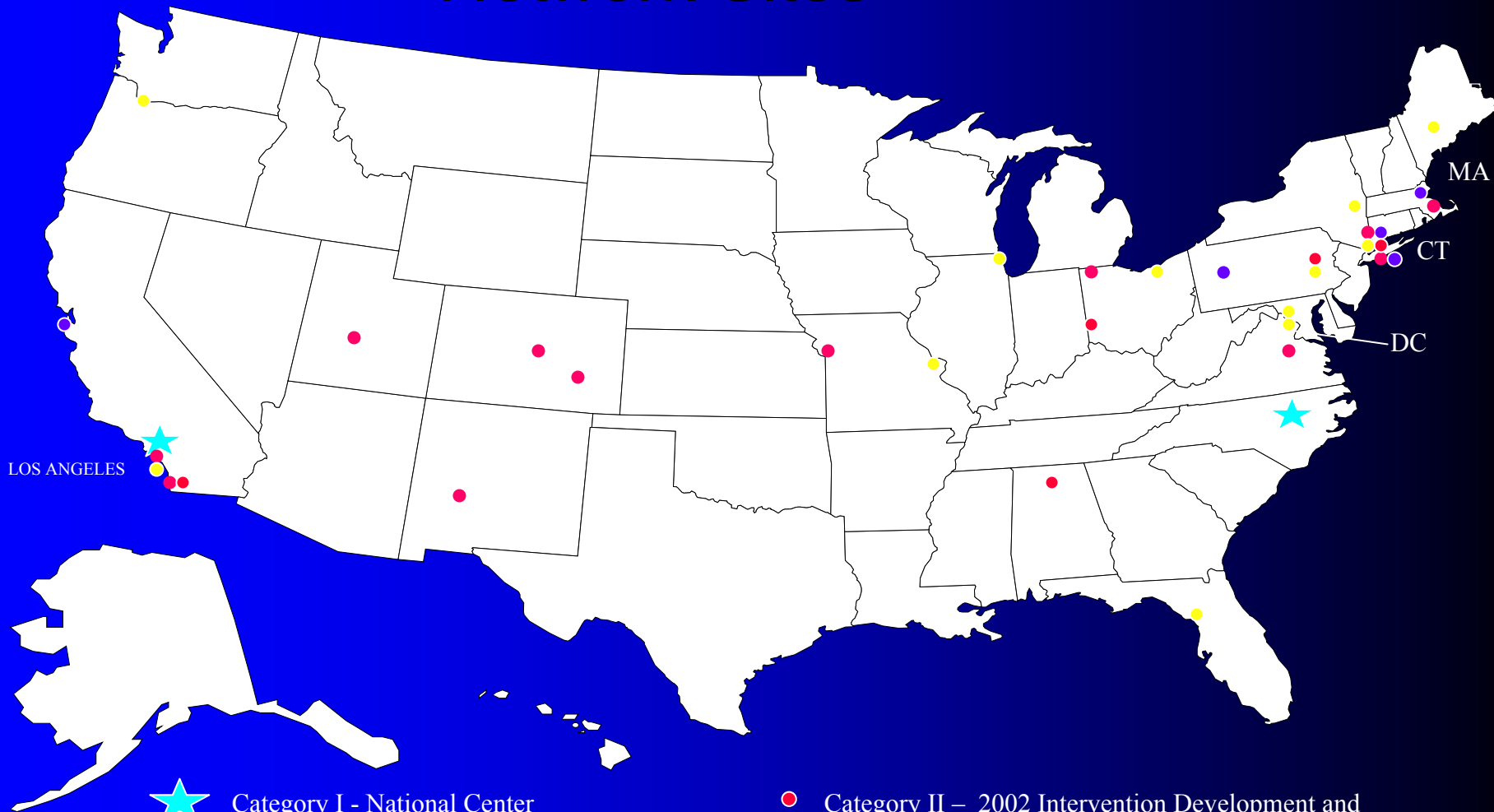
National Child Traumatic Stress Network Mission Statement

The Mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standards of care and improve access to services for traumatized children, their families and communities throughout the United States.

National Child Traumatic Stress Network

- Sponsored by SAMHSA
- 3 categories of participation in Network
 - UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) (Category I)
 - 10 Intervention Development & Evaluation Programs (Category II)
 - 26 Community Treatment & Services Programs (Category III)

National Child Traumatic Stress Initiative Network Sites



Category I - National Center



Category II - 2001 Intervention Development and Evaluation Centers



Category III - 2001 Community Treatment and Service Centers



Category II - 2002 Intervention Development and Evaluation Centers



Category III - 2002 Community Treatment and Service Centers



SAMHSA

National Center (NCCTS)

- Establish and maintain an administrative infrastructure to support the Network
- Provide vision and leadership for the Network
- Foster a culture of collaboration and integration among Network partners

National Center (NCCTS)

- Raise public and professional awareness
- Establish a national capacity for training and technical assistance
- Inform public policy and public decision making

NCCTS Functions

- Five Functional Cores
 - Data Core
 - Clinical Practice Core
 - Policy Core
 - Service System Core
 - Training Core
- National Resource Center
- Terrorism and Disaster Branch

National Resource Center

The NRC is a single, coordinated, accessible source of information for the Network. The NRC will:

- Develop & maintain a comprehensive website and bibliographic service
- Facilitate training, consultation, and technical assistance
- Develop and provide professional curricula and educational materials
- Disseminate up-to-date information available to professionals, the public & policy-makers

NCTSNET.ORG

Terrorism and Disaster Branch

- Increase public awareness of scope & serious impact of terrorism & disasters on well-being of our nation's children & families
- Improve standard of care & availability of effective services for children & families after terrorism & disaster

Terrorism and Disaster Branch

- To strengthen our nation's preparedness & response to terrorism & disaster
- To build national resource to enhance nation's capacity to provide mental health care for traumatized & bereaved children & families after mass casualty events

Network Participants: Types of Trauma Exposure Treated by Centers

Trauma Types

Physical Abuse & Domestic Violence

Sexual Abuse

Community Violence

School-Related Violence

Medical/Injury Trauma

Political/Refugee Trauma

Disaster Trauma

Neglect/Emotion

Traumatic Loss

Other

Network Participants

Treatment Settings

- MH Outpatient
- MH Inpatient
- School
- Home-Based
- Child Protection/
Foster Care
- Community Settings
- Court/Juvenile
Facilities
- Integrated Service
Settings
- Primary Care
- ER/Hospital
- Emergency Shelter
- Residential Care

Collaborative Activities

- Category II and III collaborations
- Research partnerships
- Specific grant-funded projects
- Training activities

Formal Collaborative Activities

- Working Committees
- Task Forces
- Working Groups
- Advisory Committees
- Oversight Committees

Examples of NCTSN Collaborative Activities

- Soon after 9-11, five Network sites in NY formed a NY Child & Adolescent Trauma Consortium to:
 - Use common evaluation instruments
 - Share intervention/evaluation procedures
 - Enhance trauma-related services of school MH providers & community agencies
- Traumatic Bereavement Task Force and Child Sexual Abuse Task Force formed to:
 - Assess current materials and protocols for intervention and refine/develop further tools and evidence-based interventions

Examples of NCTSN Collaborative Activities

- Mental health service agency in Virginia working with immigrants/refugees has partnered with Mass. teaching hospital which also serves this population
- National Center developed an instrument to assess reminders of traumatic loss that has been incorporated into treatment approaches
- National Center terrorism/disaster staff worked with Red Cross to develop materials on terrorism

NCTSN Network Activities

- Development of evidence-based assessments and intervention tools
- Development and testing of manualized interventions with field testing in various community settings and ethnic groups
- Training for professional and public groups
- Development and dissemination of materials to respond to terrorism and disaster events

NCTSN Network Activities

- Provision of trauma-focused services in outpatient clinics, inpatient units, residential treatment settings, schools, and homes
- Training first responders (EMT's, police, child protection workers, court personnel) on care of children experiencing trauma from exposure to violence, violent or sudden death of loved ones, medical trauma and sexual abuse or assault.
- Special outreach to refugee/immigrant groups who have experienced torture, war and acculturation difficulties

General Factors in Trauma Treatment

- Establish individual/family in safe environment
- Establish therapeutic alliance
- State problem, generate potential solutions
- Address traumatic experiences
- Address traumatic reminders
- Address post-trauma stressors & adversities
- Consider developmental impact

Barriers to Services/Treatment

- Low priority in post-trauma environment
- Lack of access to trauma services, screening for exposure
- Services fragmented, poorly integrated
- Services may lack cultural relevance
- Myth “time heals all wounds”
- Social stigma
- Cost
- Few trained professionals
- “Professional burnout” or “compassion fatigue”

Challenges to Building a Network

- Getting to know one another
- Developing a Network culture
- Setting Network priorities
- Balancing site & Network timetables
- Choreographing a Network of independent grantees

Challenges to Building a Network

- Developing a model of academic and community partnerships
- Integrating proprietary and Network interests
- Opportunity to “retrofit” treatment and service innovations
- Cultivating empirically-based interventions in clinical practice

Challenges to Building a Network

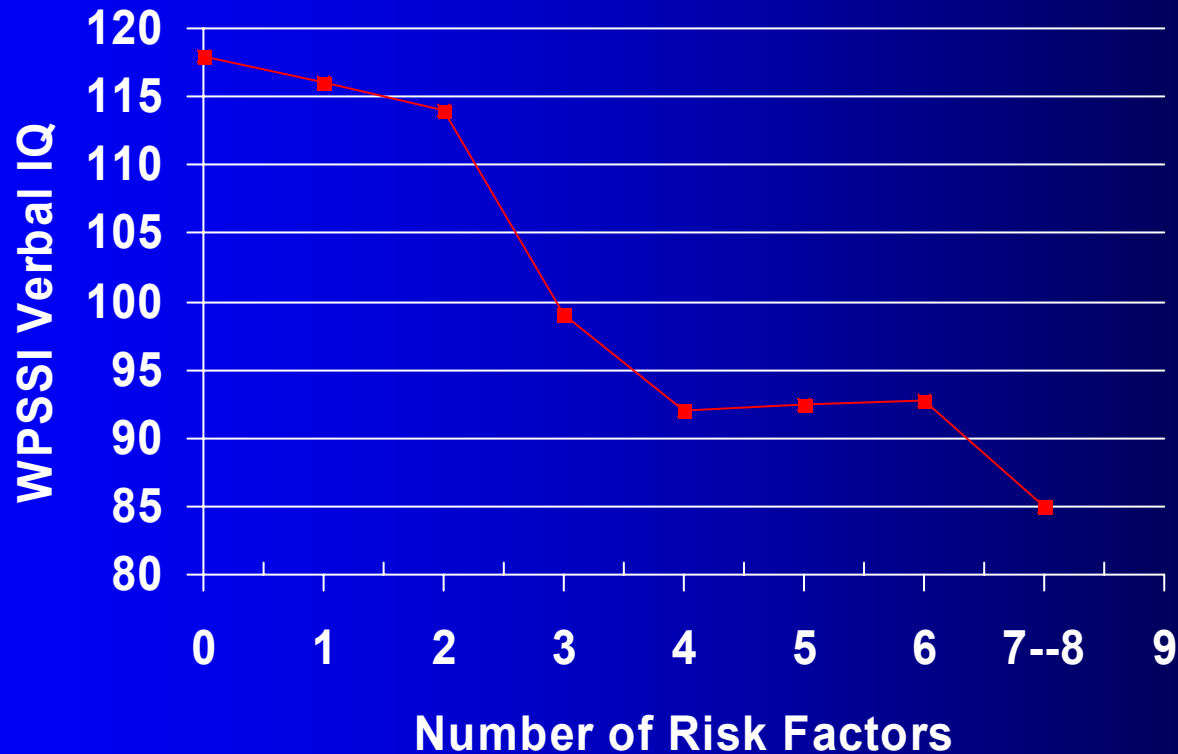
- Successfully communicating a developmental perspective
- Mobilizing family and community involvement throughout Network activities
- Using the Network to bring about systemic change

Violence & Trauma Affects School Performance

- Children with life threatening violence exposure
 - Lower GPA
 - More negative comments in permanent record
 - More absences
- Children with Depression & Posttraumatic Stress Disorder
 - Even Lower GPA
 - More absences

Pynoos et al.,99

Effects of Multiple Risks on Preschool Intelligence





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